

ADULT VOLLEYBALL 2023

Registration will be accepted at the Adult Sports Office located at the Stribley Community Center or at any of these locations:

<p><u>Adult Sports Office</u></p> <p>Stribley Center 1760 E. Sonora St. Stockton, CA 95205</p> <p>Mon-Fri, 9 am - 6 pm</p> <p>209-937-5544</p>	<p>Community Services Administration 605 N. El Dorado St. Stockton, CA 95202</p> <p>Mon, 12 - 5:30 pm Tue & Thu, 10 am - 5:30 pm Wed, 1 pm - 5:30 pm * Fri, 10 am - 5 pm</p> <p>209-937-8264</p>	<p>Arnold Rue Center 5758 Lorraine Ave. Stockton, CA 95210</p> <p>Mon-Thu, 9 am - 8 pm Fri, 9 am - 7 pm Sat, 9 am - 5 pm</p> <p>209-937-7350</p>	<p>Seifert Center 128 W. Benjamin Holt Dr. Stockton, CA 95207</p> <p>Mon-Thu, 2 pm - 8 pm Fri, 2 pm - 7 pm Sat, 9 am - 5 pm</p> <p>209-937-8307</p>	<p>Van Buskirk Center 734 Houston Ave Stockton, CA 95206</p> <p>Mon-Thu, 9 am - 8 pm Fri, 9 am - 7 pm Sat, 9 am - 5 pm</p> <p>209-937-7358</p>
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FORMAT

Seasons will consist of 6 matches scheduled over 6-8 weeks, doubleheaders may be included. Each match is best two of three games, rally scoring (point on each serve).

REGISTRATION DATES

	GAMES START	EARLY REGISTRATION \$25 OFF	REGISTRATION ENDS	LATE REGISTRATION \$35 FEE
WINTER	January 23	December 18	January 1	January 2 – January 8
SPRING	April 10	March 5	March 19	March 20 – March 26
SUMMER	June 26	May 21	June 4	June 5 – June 11
FALL	September 11	August 6	August 20	August 21 – August 27

PLAYERS MUST BE 18 YEARS OF AGE.

Registration Fee Cost Breakdown	
Team Fee	\$184.50

Additional Fees	
Late Fee: additional per team after the deadline for waiting list placement.	\$35.00

NO REFUNDS AFTER GAME SCHEDULE HAS BEEN DETERMINED.

**For More Information, Visit or Call the Adult Sports Office at the Stribley Community Center
1760 East Sonora Street
Stockton, CA 95205
(209) 937- 5544
sportsandfields@stocktonca.gov**

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DIVISIONS AND GAME TIMES/DAYS

Games may begin any time after 6 p.m. on Wednesdays. Teams may be placed in divisions, such as spiking and non-spiking, depending on total number of teams registered. Placement will be balanced based on team record history.

Special request for game times and bye dates cannot be accommodated. With the addition of the playoff format, teams can still qualify for playoffs even if they miss games.

PLAYER CONTRACT FORM AND FEE

All players must sign the Player Roster and Hold Harmless and pay a player contract fee, per team, per year. All players must be at least 18 years of age at start of league play. New players can be added during the season; however, each new player is required to pay player contract fee per team. After registration, new player contract fees can be paid at the game site or at the office. **NOTE:** The player fee is NOT medical insurance for participation in the Adult Sports Program.

PLAYER RELEASE FORM

A player who has not yet played in any games can be removed from a team, and a new player can be added at no additional cost if the Player Release Form is completed within the first two weeks of each season. Player Contract Fee transfers are allowed **ONLY** during the season in which the Player is listed on Team Roster. Player contract fees **CANNOT** be transferred for a player that has already participated in a game. Forms are available upon request.

PLAYOFFS AND AWARDS

The top four teams from each division will advance to the playoffs to compete for the league championship. For playoff eligibility, players on each team must have played in a minimum of two games. At the end of the league, the playoff schedule will be mailed and emailed to team managers and posted online. Championship team will receive a maximum of 10 t-shirts.

GAME LOCATIONS

City of Stockton Community Centers

GAME SCHEDULES

1. Game schedules are distributed at the Team Managers Meeting located at the Stribley Community Center
2. Obtaining game schedule prior to first game is Team Manager's responsibility.
3. Game schedules are also available at <https://web2.vermontsystems.com/wbWSC/castocktonwt.wsc/splash.html>.

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TEAM REGISTRATION FORM

Please Print Clearly

Team Name -or- Free Agent Name	
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Game Nights: Games will be played on Wednesday

NOTE: Divisions will be balanced based on team record history and availability. Team division and night of play choices will be accommodated whenever possible. Team will be eligible for a refund ONLY if first OR second choice night cannot be accommodated.

NO REFUNDS AFTER GAME SCHEDULE HAS BEEN DETERMINED.

Manager's Name		Date of Birth	
Address			
City		Day Phone #	
Zip Code		Evening Phone #	
Email Address			

If paying by Check

Driver's License #		Expiration Date	
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All communication from League Office will go to name, address, and phone number listed.

IMPORTANT - PLEASE READ:

CITY OF STOCKTON OFFICIAL WAIVER, RELEASE OF LIABILITY & INDEMNIFICATION

THE TEAM ROSTER MUST BE SIGNED BY EACH PLAYER IN HIS/HER OWN HANDWRITING. Team Manager is responsible for collecting players' signatures and contact information on the team roster. Any person signing the roster becomes the property of the above team until released by the Team Manager. **Please note:** Player Contract Fee does not cover medical costs for any injury arising from participation in the program. Player fees are NON-REFUNDABLE and CANNOT BE TRANSFERRED to another player after participation has occurred. *Team and Player Fees are subject to change.*

EACH PLAYER SHOULD READ THIS STATEMENT BEFORE SIGNING THIS ROSTER. My signature authorizes the City of Stockton Community Services Director to use a photograph or similar likeness or image of myself in any future advertisement or promotion of the City of Stockton Parks and Recreation Department.

HOLD HARMLESS AGREEMENT: I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property, or illness, including, but not limited to, communicable diseases such as MRSA, influenza, and COVID-19, arising out of, or in connection with, my participation in the activity/event from whatever cause, including the active or passive negligence of the promoter/organizer or City or any other participant in the activity/event. In consideration for being permitted to participate in the activity/event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions or suits arising out of or in connection with my participation in the activity/event. This form will act as a medical release in the case of an emergency. I understand that by participating in this event, that I am giving consent for images of myself and event to be used for promotional purposes or instruction by the City of Stockton. In case of an emergency or for reasons beyond the City's control, the City reserves the right to cancel the scheduled activity prior to scheduled use without liability. Refunds will be made if cancellation by the City is necessary. Special event permittees and renters of City of Stockton facilities are required to follow all requirements of the CDC, State Department of Public Health and local authorities with respect to COVID-19 and other communicable diseases. I have carefully read this release, hold harmless and agree not to sue and fully understand its contents. I am aware that this form is a full release of all liabilities and signed by my own free will.

1	NAME	BIRTHDATE	ADDRESS
	EMAIL ADDRESS	PHONE NUMBER	SIGNATURE
2	NAME	BIRTHDATE	ADDRESS
	EMAIL ADDRESS	PHONE NUMBER	SIGNATURE
3	NAME	BIRTHDATE	ADDRESS
	EMAIL ADDRESS	PHONE NUMBER	SIGNATURE
4	NAME	BIRTHDATE	ADDRESS
	EMAIL ADDRESS	PHONE NUMBER	SIGNATURE
5	NAME	BIRTHDATE	ADDRESS
	EMAIL ADDRESS	PHONE NUMBER	SIGNATURE
6	NAME	BIRTHDATE	ADDRESS
	EMAIL ADDRESS	PHONE NUMBER	SIGNATURE
7	NAME	BIRTHDATE	ADDRESS
	EMAIL ADDRESS	PHONE NUMBER	SIGNATURE
8	NAME	BIRTHDATE	ADDRESS
	EMAIL ADDRESS	PHONE NUMBER	SIGNATURE
9	NAME	BIRTHDATE	ADDRESS
	EMAIL ADDRESS	PHONE NUMBER	SIGNATURE
10	NAME	BIRTHDATE	ADDRESS
	EMAIL ADDRESS	PHONE NUMBER	SIGNATURE
11	NAME	BIRTHDATE	ADDRESS
	EMAIL ADDRESS	PHONE NUMBER	SIGNATURE
12	NAME	BIRTHDATE	ADDRESS
	EMAIL ADDRESS	PHONE NUMBER	SIGNATURE

I CERTIFY THAT ALL THE PLAYER LISTED HAVE READ THE ABOVE HOLD HARMLESS CLAUSE **BEFORE** AFFIXING THEIR SIGNATURE.

MANAGER'S SIGNATURE _____

DATE _____